Reviewer's report

Title: Heterogeneity Of Breast Cancer Risk Communication Profiles Of General Practitioners and Breast Surgeons In France, Germany, Netherlands and the UK

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Reviewer: Laura Scherer

Reviewer's report:

This article, Heterogeneity Of Breast Cancer Risk Communication Profiles Of General Practitioners and Breast Surgeons In France, Germany, Netherlands and the UK, provides a clear and concise description of risk communication practices among health care practitioners across Europe. As such, it is clearly important that these data are documented, so that researchers can be aware of potential problems (or lack thereof) in cancer risk communications, which can inform future research and communication interventions.

That said, I found that this data report was lacking in terms of interpretation. Below, I highlight some questions that arose while reading this manuscript:

1) First, I could not find Figure 1 in the main uploaded document or in the supplemental materials. This made it difficult to interpret the results, because this figure apparently described the items that physicians responded to. Any revision would have to include these details.

2) Following point #1, it was unclear whether physicians' reports were preferences for risk communication, or their estimation of how they actually communicate risk. This point could probably be clarified with the inclusion of Figure 1. However, even when Figure 1 is included, it will be critical to discuss how self-reported risk communication could differ from actual risk communication practices. Are physicians reporting what they would ideally communicate, what they believe they communicate (whether or not it is ideal), or what they actually communicate?

3) The data clearly show that HRT and family history risks are discussed most often, and factors such as obesity, exercise, alcohol, etc., are discussed less frequently. However, the risks that are discussed less frequently are also risks that have less data, and more ambiguous data, associated with them. So doesn’t it make sense that they are discussed less frequently? A discussion of this point should have greater prominence.

4) The authors need to provide more thorough discussion of why ‘Numerical Balanced Presenters’ are the gold standard for risk communication. It is important for readers to receive at least a brief review of this literature, rather than simply making a statement that it is the best method and providing citations.

5) Similar to point #4, this article could have a greater impact if the authors discussed the implications of the different communication methods. In other
words, I would like to see an expansion of the type of discussion that appears on page 10. For example, can the authors speculate as to why ‘Positively Unbalanced Presenters’ were the most common cluster? And is this is good or a bad thing, i.e. something warranting change? I felt that the authors went a bit too far in terms of presenting a dry, impartial report of the data—the reader could benefit from being told explicitly what the literature says about whether these strategies good, bad, ambiguous, etc.

6) On page 7 the authors state that the French physicians were removed from the analyses. Which analyses were they removed from? I see that they appear in most of the tables. Please clarify this point.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests